



**RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Statewide Bond/Pay-As-You-Go
Progress Payment Request Form**

LEA _____

School _____

Payment Requisition # _____

Paid Invoice Amount*: _____

***Please attach invoices/AIA documents that substantiate the amount.**

CERTIFICATION:

I certify that the above information is correct to the best of my knowledge and belief and that the project cost includes only school project related costs as approved by the Council on Elementary and Secondary Education.

Owner's Program Manager Signature (if applicable) _____
Date

Superintendent's Signature _____
Date

Below this Line - For Internal Use Only

School Building Authority at the Rhode Island Department of Education Verification

	Date	Verification
1. Bond Project Manager	_____	_____
2. School Building Authority	_____	_____